

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-048735

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 210 Primary Registration District No. 4322 Registrar's No. 83

FILED DEC 17 1963

## 1. PLACE OF DEATH

a. COUNTY Mercer

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Rural - Princeton,

Length of stay in lb  
3 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Inside Limits  
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Mercer

c. CITY OR TOWN RFD.#2 Princeton,

Inside Limits  
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☒ No ☐

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
MINNIE BEATRICE BURKHART

4. DATE OF DEATH  
Month Day Year  
DECEMBER 13, 1963

5. SEX

female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9/11/01

9. AGE (last birthday)

62

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

3 2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10b. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (City and state or country)

Albany, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Grant Welch

13b. MOTHER'S MAIDEN NAME

Lennie Gillispie

14. NAME OF HUSBAND OR WIFE

Arch Burkhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mr. Ivan Welch

Address

Princeton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH  
imm.

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. Month, Day, Year p.m.

Never saw patient alive

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from never to never and last saw her alive on never  
Death occurred at 5:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Princeton, Mo.

22c. DATE SIGNED

12-13-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

Dec 15, 1963

23c. NAME OF CEMETERY OR CREMATORY

Grandview

23d. LOCATION (City, town, or county)

Albany,

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Albany Mo.

25. DATE RECD. BY LOCAL REG.

12-13-63

26. REGISTRAR'S SIGNATURE

Bole

Brooks-Cochell Funeral Home

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
1 0650  
2 0650  
3  
4 1  
5 2  
6  
7 8  
8 8  
9 4201  
10  
11  
12 90-2  
13 1-0

DATE AMENDED

207410-000

FEB 5 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Lynne Agbell*

Licensed Embalmer No. 5020

P. O. Address Princeton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Placed in 12-13-63 M.M.